

# California Chafee ETV Program – Foster Care Eligibility Certification Form



The applicant identified below is applying for the California Chafee Educational and Training Voucher (ETV) Program administered by the California Student Aid Commission (Commission) under contract and guidance from the California Department of Social Services (CDSS). The Chafee ETV Program assists eligible current and former California youth who were/are in foster care with the costs of attending a postsecondary education and training institution. **Eligibility: Youth who were/are in a foster care placement at any time under court dependency, between the ages of 16-19 whose 22<sup>nd</sup> birthday is prior to July 1, of the award year.** To determine eligibility, specific information is required from either a \*County authorized Independent Living Program (ILP) Coordinator or Social Worker or Probation Officer (PO).

## Section I: To Be Completed by Student Applicant (Please Print Clearly or Type)

Instructions to applicant: Complete the following information. Make sure you provide your correct social security number (SSN) and Date of Birth (DOB). Sign and forward the form to the authorized \*County representative, as listed above.

Print Full Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize the appropriate \*County representative to complete and release the information listed in Section II of this form that verifies my eligibility to participate in the Chafee ETV Program. [Website for the listing of authorized \*County representatives is [www.childsworld.ca.gov/ILPCountyC\\_1443.htm](http://www.childsworld.ca.gov/ILPCountyC_1443.htm).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section II: To Be Completed by County ILP Coordinator/Social Worker/PO

Instructions to County representative: Complete the following information to certify foster care placement, under court dependency, was established for the youth listed above between their 16<sup>th</sup> – 19<sup>th</sup> birthday.

State ID Number: \_\_\_\_\_ County Jurisdiction: \_\_\_\_\_

Date(s) in foster care placement: \_\_\_\_\_

By my signature, I certify that the above applicant meets the criteria for the California Chafee ETV Program.

Authorized County Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized County Representative: \_\_\_\_\_ County: \_\_\_\_\_  
(Print Name)

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please send form to: CDSS - Foster Care Support Services Bureau  
Independent Living Program Policy  
744 P Street, MS 14-78  
Sacramento, CA 95814  
Fax: (916) 657-4357**

## Section III: To Be Completed by California Department of Social Services (state representative)

I certify that the youth meets the criteria for participation in the California Chafee ETV Program.

Authorized State Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_